

South Carolina Department of Labor, Licensing and Regulation
Board of Registration for Foresters

110 Centerview Drive
Post Office Box 11329
Columbia, South Carolina 29211-1329
Phone: (803) 896-4800 FAX: (803) 896-4484
Internet Address: www.llr.state.sc.us

EMPLOYMENT VERIFICATION

To be completed by Applicant:

Name: _____ Social Security (Last Four): XXX-XX-_____

To Be Completed by Respondent:

1. Name of Firm: _____

Business Mailing Address: _____

Business Phone: _____ Fax: _____ Internet Address: _____

2. Immediate Supervisor of Applicant: _____

Title of Immediate Supervisor: _____

Registration/License Number of Supervisor: _____

3. Job Title(s) of Applicant: _____

(Attach separate sheet if additional space is needed)

4. Describe type of work performed in the following: (Attach additional sheets as needed to adequately describe the categories)

a. Silviculture: _____

b. Management: _____

c. Economics: _____

d. Protection: _____

e. Utilization: _____

f. Mensuration: _____

g. Other: _____

5. In your judgment would the applicant be suitable for registration based on:

Technical Competence	Yes	No	If yes, why _____
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Professional Integrity	Yes	No	If yes, why _____
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Professional Reputation	Yes	No	If yes, why _____
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Personal Integrity	Yes	No	If yes, why _____
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6. Principal Business of Firm: _____

7. Average Hours Worked Per Week: _____

8. Total Years Worked: _____ Full Time: _____ Part Time: _____

9. Employment Dates: From: _____ To: _____
Mo./Day/Year Mo./Day/Year

Print Name of Individual Completing Form

Title

Signature of Individual Completing Form

Date

Telephone: _____

PLEASE SUBMIT THIS FORM TO:

LLR Board of Registration for Foresters
110 Centerview Drive (Physical address)
PO Box 11329 (mailing address)
Columbia SC 29211-1329

